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Bib Data Sheet

CONFIRMATION NO. 5332

<b>SERIAL NUMBER</b> 09/834,095	<b>FILING DATE</b> 04/12/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 800.026US1	
<b>APPLICANTS</b> Yoshihiro Kawaoka, Madison, WI; <i>OK</i> <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/197,209 04/14/2000 <i>me</i> <b>** FOREIGN APPLICATIONS *****</b> <i>me</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>otherwise</i> Verified and <i>me</i> Acknowledged <i>me</i> Examiner's Signature <i>me</i> Initials <i>me</i>		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 21186					
<b>TITLE</b> Viruses comprising mutant ion channel protein					
<b>FILING FEE RECEIVED</b> 680	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		